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Disability and Global Health: Implications for Rehabilitation

Interprofessional Project on Disability, Maternal and Child Health in Bangladesh (IPODMCH)

presented by Darko Krzinaric, Kingston Canada
Project funded by the Government of Canada

Implemented by Queen’s University, ICACBR, Kingston Canada in partnership with Centre for the Rehabilitation of the Paralyzed (CRP), Savar, Bangladesh and with a support of Directorate General of Family Planning of Bangladesh

Started in November 2011
Completed in December 2014
The Government of Canada provided funding through the Department of Foreign Affairs, Trade and Development (DFATD) for the Interprofessional Project on Disability, Maternal and Child Health (IPODMCH) in Bangladesh.
In developing countries almost 500,000 women die and 1.5 million become disabled annually of childbearing related causes.

WHO (2010) Packages of Interventions for Maternal, Newborn and Child Health
Eleven million children die annually, the majority with preventable causes. The mortality rate for children with disabilities is 80%.

WHO (2010). MGDs and CBR Information Sheet
http://www.who.int/disabilities/cbr/mdg_cbr_infosheet.pdf
Disability and maternal and child health programs run separately and without the benefits of shared experiences and shared community resources.

IPODMCH emphasized the importance of addressing gender and environmental issues within MCHD programs.
GENDER - ISSUE

- Women with disabilities face double discrimination because they are women and they have disabilities, making them one of the most marginalized groups.
- The interaction of disability and gender for women has a multiplier effect as both disability and femininity are socially constructed as dependent, weak, private.
- Women with disability are considered asexual and incapable of fulfilling socially prescribed female roles of caregivers and housewives.
GENDER – TWIN TRACK APPROACH

To ensure removal of systemic barriers that women with disabilities face, the IPODMCH:

1. Mainstreamed gender into all project activities;
2. Organized gender specific activities to address specific issues affecting women with disabilities.

By ensuring equality for women with disabilities we are ensuring progress for all.
IPODMCH is a pioneer project designed to mainstream disability into maternal and child health by using CBR health component including promotion, prevention, treatment, and rehabilitation.
The unique feature of this project is the establishment of an integrated approach to maternal health and child and community disability services and mainstreaming disability into maternal child health (MCH) programs.
PROJECT ACTIVITIES

The ICACBR approach that integrates interventions at service, education and policy levels is based on 20 years of international development practice that resulted in sustainable reform of health systems.

PROJECT ACTIVITIES

SERVICE

➢ Project reached about 60,000 women and men girls and boys with and without disabilities by organizing over 400 events in the areas of Barisal, Chittagong, Rajshahi, Moulvibazar/Sylhet and Dhaka/Savar.

➢ IPODMCH provided training for hundreds of front line workers in MCHD services in both government and non-government sectors. Project actively engaged stakeholders specifically targeting women with disabilities.
PROJECT ACTIVITIES
EDUCATION

- Modular Inter-Professional Training of the Trainers (ToT) Program – two rounds of training
  - 73 ToT members at eight 5 day residential workshops
  - 1114 service providers at 36 one day district workshops

- Regional Networking Workshops (RNW)
  - Fifteen RNW were held for 963 (451F, 512M) maternal and child health (MCH) and disability service providers from 153 MCH, 96 disability and 48 other organizations (both NGO and government)
PROJECT ACTIVITIES

EDUCATION

- Public Awareness and Service IP Days
  - Close to 60,000 community members (60% women) took part in 438 IP awareness days.

- Queen’s University Online Program ‘Disability in the Community, CBR and International Development’
  - Eighty three learners (39F, 44M) completed 8 month online program
PROJECT ACTIVITIES

POLICY

- Two Project Conferences
  - Total of 183 (94F and 89M) participants from 28 organizations (14 MCH, 12 disability/rehabilitation, 2 others)
- Two Policy Forums
  - Total of 151 (96F and 55M) stakeholders from 26 organizations (13 MCH, 12 disability/rehabilitation, 1 others)
- Mainstreaming Disability into MCH Services and Programs workshops
  - Total of 97 participants from 4 organizations
LEARNING RESOURCES  EDUCATION

- 1,200 sets MCHD Module Manuals (4 manuals per set in English and Bangla)
- 10 sets of 4 MCHD Module Manuals in Braille along with audio files for blind persons who participated in IPODMCH educational programs
- 1,000 copies of Paediatrics Manual in Bangla
- 50 copies of Mainstreaming Disability Guidelines (English and Bangla)
LEARNING RESOURCES
SERVICES

- 500 copies of Maternal, Child Health and Disability Service Directory, Rajshahi District
- 500 copies of Maternal, Child Health and Disability Service Directory, Barisal District
- 500 copies of Maternal, Child Health and Disability Service Directory, Chittagong
- 500 copies of Maternal, Child Health and Disability Service Directory, Moulvibazar District
- 500 copies of Maternal, Child Health and Disability Service Directory, Dhaka District (Savar&Dhamrai Upazila)
LEARNING RESOURCES

AWARENESS

- 3,000 IPODMCH newsletters
- 2,500 IPMCHD posters
- 65,000 MCHD leaflets
RECOMMENDATION TO INCREASE IP COLLABORATION

TOT Programs

- Can lead to increased knowledge exchange among participants on both an individual and institutional scale.
- Teams share their knowledge and experience with their fellow trainees as well as co-workers.
- Capitalize on existing staff and increase knowledge translation throughout their institutions and communities.
- Evidence suggests TOT use in IPODMCH could be expanded to include interprofessional teams of trainees.
RECOMMENDATION TO FACILITATE IP COLLABORATION

- Trust building and establishing relationships
- Open communication between different service providers
- Education and removal of barriers such as power status
- Policy development
- Increasing financial support for IP activities
Barriers

- Poor Resources
- Leadership Issues
- Professional Stereotypes and Attitudes

Strategies

- IP Day
- Train the Trainer
- Policy Development

Outcome

- Interprofessional Collaborative Practice
“My family was about to break up as I suffered a fistula after the birth of my baby because my husband thought I'm unable to carry any more babies. Family Welfare Visitor saved me by refereeing me to a proper hospital for treatment. I'm so happy now as I'm totally cured and doctor told me I can carry babies.”
FROM PROJECT BENEFICIARIES

“My baby was diagnosed with club feet immediately after his birth, but I came to know about it from an IP day. I talked immediately with staff from CRP, and she suggested to go to Rajshahi Medical college Walk for Life center. My boy is 15 months now and looks pretty much OK with his foot. Doctors told me that he will be completely fine after few more months. I'm very happy now."